

FULL FACILITY PROFILE

HARMONY HOME HEALTH  
5284 COMMERCE DRIVE C234  
MURRAY UT 84107  
STATE'S REGION CODE: 001

PROVIDER #: 467104  
PHONE NUMBER: (801) 281-0537  
PARTICIPATION DATE: 06/06/1996

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OFFICIAL HEALTH AGENCY  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION  
CERTIFIED HOSPICE PROVIDER NO: 467104  
NUMBER OF SUBUNITS: NONE  
PARENT AGENCY PROVIDER NO: NONE  
NUMBER OF BRANCHES: 3

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	2.43
LICENSED PRACTICAL NURSE	.03
PHYSICAL THERAPY	1.08
OCCUPATIONAL THERAPY	.32
SPEECH THERAPY	.00
MEDICAL SOCIAL WORKER	1.50
HOME HEALTH AIDE	3.87
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	6.19

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM  
NUMBER RECORDS REVIEWED WITH HOME VISITS: 5  
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10  
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
TOTAL RECORDS REVIEWED: 15  
TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 08/17/2000  
DATE PROVIDER SIGNED POC: 09/13/2000  
REVISIT DATES: 10/10/2000

PROGRAM REQUIREMENTS

LEVEL OF TAG	REQUIREMENT	PLAN/DATE	STATUS OF	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
REQT	#	OF CORRECTION	DEFICIENCY	STATE		REGION		NATION	
				#	%	#	%	#	%

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 08/17/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC: 09/13/2000

REVISIT DATES: 10/10/2000

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%
STD	G0145	WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHY	10/10/2000	DEFICIENCY CORRECTED	2	4.7	15	4.3	509	7.3
STD	G0224	WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY R	10/10/2000	DEFICIENCY CORRECTED	2	4.7	14	4.0	496	7.1
STD	G0228	SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SK	10/10/2000	DEFICIENCY CORRECTED	2	4.7	6	1.7	133	1.9
STD	G0236	RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR	10/10/2000	DEFICIENCY CORRECTED	5	11.9	18	5.2	1109	15.9

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
-----	-----	STATE	REGION	NATION
		----	-----	-----
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	4	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	4	1.07	1.72	03.42

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

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